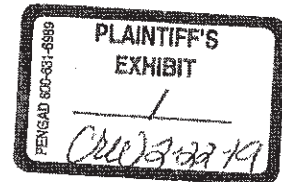


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12 March 2018
 St. Louis University Hospital
 3635 Vista Ave.
 St. Louis, MO 63110

Complaint of Inappropriate and Disruptive Physician Behavior
 regarding Grace Montenegro, MD



"As of January 10, 2009, TJC requires medical leaders to address disruptive behavior or behaviors that undermine a culture of safety."¹ Today, over the course of over eight hours in the OR, Grace Montenegro, MD, exhibited horrendous behavior witnessed by as many as eleven people: Jonathan Chica, MD; Melissa Devore, RN; Felicia Wilson, CST; Tanya Arties, CST; Cole Lati, MD; Andrea Franklin, RN; Lauren Woolridge, RN; Colette Owsley, CST; Dan Westra, RN; Chris (the Xi robot representative), and myself, Mandy Rice, DO. The first five persons listed, along with myself, were the most present and best witnesses. Melissa Devore can speak to a long pattern of similar behaviors by Dr. Montenegro.

Some examples today:

1. Starting the case, Dr. Montenegro demeaningly and angrily told me (the chief resident on Silver Surgery Service) that "I don't have time to teach you. He (Dr. Chica, the junior resident), has seen it before. You can watch." Dr. Montenegro likely did have time, as this was her only case of the day, aside from it being her job to teach all of the residents that rotate on her service. Additionally, she did spend time teaching Dr. Chica throughout the case, directing the teaching only to him, calling him by name. This seemed to be purposeful, demeaning, and hostile behavior to me which is likely retaliatory for my complaints about the surgery program.
2. During the case, Dr. Montenegro's response to one of the surgical techs not immediately having something she wanted was to exclaim, "That's bullshit!" as she stormed out of the room.
3. Dr. Montenegro yelled at Dr. Rice from the robot console as Dr. Rice was positioned under the drapes, holding a stapler in the patient's anus, "Don't get tired! Don't fucking move! Don't you fucking move or I'll fucking die!" Meanwhile, while I am under the drapes in that precarious position, Dr. Montenegro leaves the robot console and makes a phone call about an exercise class that she wasn't going to be able to make it to because of running late in the OR.
4. When circulating nurse, Melissa (Missy) Devore, was signing out to another circulator, Dr. Montenegro yelled, "No one's fucking leaving! Nobody is signing out!"

The average interaction and communication from Dr. Montenegro throughout the long surgery was hostile to almost every person in the room (with the notable exception of Dr. Chica). She maintained an atmosphere of intimidation and condescension throughout the day. Also of note, before the case even started, Felicia and Missy approached me to tell me how upset they were to have to be in Dr. Montenegro's room today because of her long-standing toxic behavior. Felicia specifically told me, "I

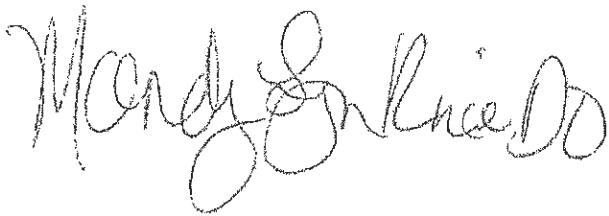
won't stand for her yelling at you today." At one point in the case, Felicia leaned over to me and apologized for Dr. Montenegro's treatment of me, in particular. Missy and Dr. Lat were so upset by the behavior that they also spoke with me individually about the events at the end of the case.

Of note, at no point during the surgery was the patient unstable. There was never any significant bleeding, anesthesia concerns, or emergent interventions. In sum, no environmental stressors could justify the behaviors of Dr. Montenegro today. Additionally, this is not a rare event. These types of verbal abuses, outbursts and unprofessional behaviors from Dr. Montenegro form a pattern – as multiple of the individuals listed above will attest.

The Joint Commission Sentinel Event Alert from 2008 states, "Any behavior which impairs the health care team's ability to function well creates risk."² It also calls for zero tolerance for intimidating or disruptive behaviors. This type of dysfunctional behavior "disrupts the operation of the hospital, affects the ability of others to get their jobs done, creates a 'hostile work environment' for hospital employees or other physicians on the medical staff, or beings to interfere with the physician's own ability to practice competently."¹ The AMA's definition of disruptive behavior includes conduct "that harms or intimidates others to the extent that quality of care or patient safety could be compromised."

What I have described, and many of us today witnessed, is unacceptable and creates all of the risk and disruption described above. This will be submitted to the SLU medical staff, the Missouri Board of Healing Arts, the ACGME, and The Joint Commission as a patient safety event. None of us should have to tolerate the abuse of dysfunctional physicians. A decade after TJC's publication of the disruptive physician Sentinel Event Alert, it is past time to put a stop to it.

Mandy Rice, DO, PGY-4
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Department of Surgery

A handwritten signature in cursive script that reads "Mandy Rice, DO". The signature is written in dark ink and is positioned below the typed name and title.

References:

1. Reynolds, Norman T. Disruptive Physician Behavior: Use and Misuse of the Label. J Med Reg. 2012;98:8-19.
2. Behaviors that undermine a culture of safety. The Joint Commission. *Sentinel Event Alert*. 2008;40:1-3.